Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08)
Approved for use through 11/30/2011. OXB 0651-0035
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/047,485
Filing Date	October 26, 2001
First Named Inventor	Ronald Edward PELRINE
Art Unit	2615
Examiner Name	Huyen D. Le
Attorney Docket Number	SRINNA10001

P.O. Box 1450 Alexandria, VA 22313-1450						
Please withdraw me as attorney or agent for the above identified patent application, and						
all the practitioners of record;						
the practitioners (with registration numbers) of record listed on the attached paper(s); or						
the practitioners of record associated with Customer Number: 40518						
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.						
The reason(s) for this request are those described in 37 CFR:						
10.40(b)(1) 10.40(b)(2)	10.40(b)(3) 10.40(b)(4)					
10.40(c)(1)(i) 10.40(c)(1)(ii)	10.40(c)(1)(iii) 10.40(c)(1)(iv)					
19.40(c)(1)(v) 10.40(c)(1)(vi)	10.40(c)(2) 10.40(c)(3)					
10.40(c)(4) 10.40(c)(5)	10.40(c)(6) Please explain below:					
Certifications						
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.						
I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.						
2. We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.						
3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.						
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This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to the (and by the LISPTO to process) an application. Confidentially is governed by 38 U.S. C. 122 and 37 CFR 1.11 and 14.15 his collection is estimated to take 0.75 minutes to complete, rictuding patienting, precasing, and submitting the completes application from to the UISPTO. There will vary depending upon the discharge comments on the amount of time you require to complete this form and/or suggestions for reducing this budges, should be sent to the Chief Information Ciner. U.S. Patient and Tradermak Office. U.S. Department of Commence. P.O. Box 1450, Alexandria, VA. 22373-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissionner for Patients, P.O. Box 1450, Alexandria, VA. 22373-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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Complete the inventor or a	ne following se n assignee that	tion has p	only when the correspondence a operly made itself of record pursua	iddi ant i	ress will cha to 37 CFR 3.	ange. Change 71.	s of add	ress will only be accepted to an		
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OR Ibe	e address of th	e inve	entor or assignee associated w	ath	Customer I	Number:				
	ventor or signee name SRI International								_	
Address 333 Ravenwood Avenue										
City Menl	o Park		State CA	Ι	Zip 94025			Country US	_	
Telephone	e Email				dl					
I am authorized to sign on behalf of myself and all withdrawing practitioners.										
Signature	/Sanjay S. Bagade/									
Name	Sanjay S. Bagade					Registration No. 4		2,280		
Address	2400 Geng F	Road,	Suite 120							
City Palo	Palo Alto State CA				Zip 94303		Count	Country US		
Date	August 26, 2010				Telephone No. (650) 242-4212					
NOTE: Withdrawal is effective when approved rather than when received.										

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the LISPTO to process) an application. Confideritability is govered by \$3. U.S. C. 12 and 37 CFR 1.11 and 14. This collection is estimated to take insulation is estimated to take including pathering preparing, and submitting the complete application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form andor suggestions for reducing this budges, should be seried to the Chief Information Cifer. U.S. Pather and Trademark Office. U.S. Deather of Complete this form andor suggestions for reducing this budges, should be seried.

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